



**COMBINED DECLARATION  
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [ ] sole/[x] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Cytotoxic Heteromeric Protein Combinatorial Libraries** the specification of which

(a) [ ] is attached hereto.

(b) [x] was filed on August 4, 2000 as Application Serial No. 09/601644 and was amended on \_\_\_\_\_.

(c) [x] was described and claimed in International Application No. PCT/CA98/01137 filed on December 8, 1998 and amended on \_\_\_\_\_.

**Acknowledgment of Duty of Disclosure**

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

**35 U.S.C. § 120**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)
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(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)
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**Power of Attorney**

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746 and Marina T. Larson, PTO Reg. No. 32,038 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:  
Oppedahl & Larson LLP  
P.O. Box 5068  
Dillon, Colorado 80435-5068

DIRECT TELEPHONE CALLS TO:  
OPPEDAHL & LARSON LLP  
(970)468-6600

Customer No. 021121

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USPTO

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
Canada	2,222,993	04-02-1998		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

Provisional Application

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(application number)

(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME <u>GARIEPY</u>	FIRST NAME <u>JEAN</u>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE <u>TORONTO</u>	STATE OR COUNTRY OF RESIDENCE <u>ONTARIO</u>	COUNTRY OF CITIZENSHIP <u>CANADA M5G 2M9</u>
POST OFFICE ADDRESS Ontario Cancer Institute Princess Margaret Hospital Room 7-117 610 University Avenue		CITY <u>Toronto</u>	STATE/COUNTRY ZIP CODE <u>Ontario, Canada M5G 2M9</u>
DATE	SIGNATURE <u>Jean Gariepy</u>		
December 5, 2000			

Signature for additional joint inventor attached. Number of Pages \_\_\_\_.  
 Signature by Administrator(s) or legal representative for deceased or incapacitated inventor. Number of Pages \_\_\_\_.  
 Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_\_.

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04/00 MON 16:07 FAX 416 323 0823

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NAME OF SECOND INVENTOR <i>J</i>	LAST NAME BRAY	FIRST NAME MARK	MIDDLE NAME ROBERT
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE TORONTO	STATE OR COUNTRY OF RESIDENCE ONTARIO, CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS Ontario Cancer Institute Princess Margaret Hospital Room 7-117 610 University Avenue		CITY Toronto	STATE/COUNTRY ZIP CODE Ontario, Canada M5G 2M9
DATE December 5, 2000	SIGNATURE <i>Mark Bray</i>		
NAME OF THIRD INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE	SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE	SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE	SIGNATURE		

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TECH CENTER 1600/2900

ppedahl & Larsen LLP

Applicant or Patentee: Garlepy, et al. Attorney's Docket No. MMC.P-001

Serial or Patent No.: 09/801644 Filed or Issued: August 4, 2000

Serial or Patent No. : Var 100  
For: Cytotoxic Heteromeric Protein Combinatorial Libraries  
**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

declare that I am:

( ) the owner of the small business concern identified below:

( ) an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN University Health Network

ADDRESS OF CONCERN 610 University Avenue, Room 7-504, Toronto, Ontario CANADA

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above captioned invention which is described in

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention attesting to their status as small entities. (37 CFR 1.27)

NAME Bob McArthur, Director of Technology Transfer and Research Business Development  
University Health Network

**BOB MCGRATH, Director of  
University Health Network**

University Health Network  
810 University Avenue, Room 7-504

ADDRESS 810 University Avenue, P.O. Box, Toronto, Ontario CANADA

INDIVIDUAL  SMALL BUSINESS CONCERN  NONPROFIT ORGANIZATION

NAME \_\_\_\_\_

**ADDRESS**

INDIVIDUAL  SMALL BUSINESS CONCERN  NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Bob McArthur

TITLE Director of Technology Transfer and Research Business Development

**ADDRESS OF PERSON SIGNING**